Presentation to the 2017 Health and Human Services
Joint Appropriation Subcommittee

PUBLIC HEALTH AND SAFETY DIVISION

Department of Public Health and Human Services (DPHHS)

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Legislative Fiscal Division Budget Analysis, Volume 4, Pages B54 – B62

1. Where are we now?

1a. Division Mission:

Improve and protect the health of Montanans by creating conditions for healthy living.

1b. Contact Information:

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1c. Overview:

Public health, like fire and police protection, provides a critical public safety function to ensure the health and well-being of our communities. The day to day work of the staff in the Division, the local and tribal health departments and our other key partners focuses on prevention and control efforts to address disease outbreaks, assuring clean indoor air, safe drinking water, and safe food, providing programs and services to support healthy living, and responding to emerging threats to ensure communities are prepared. The work of public health impacts the daily lives of all Montanans, even though they may not be aware of it. Public health also has a significant influence on our economy. To have a healthy economy, we need healthy citizens.

To achieve our mission, public health focuses on three core functions. These include assessment, policy and program development, and assurance. Assessment includes regularly monitoring the health status of Montanans at the state and local levels, and identifying and investigating health hazards in the community. Policy and program development focuses on informing the public about health issues that affect their communities, working collaboratively through community partnerships to take action on health priorities, and developing policies and programs that support individual and community health. Assurance focuses on enforcing laws and regulations to protect health and ensure safety, linking Montanans to needed services, assuring a competent public health workforce, researching and implementing innovative solutions to public health issues, and evaluating the effectiveness of public health services and programs.

The Public Health and Safety Division (PHSD) leads the state's public health efforts and provides state-level coordination of key public health services to support the health and wellbeing of communities. Public health programs and services are delivered in communities across the state by or partners, which include local and tribal health departments, health systems, community health centers, and hospitals, community-based organizations and many other partners. Without the centralized resources, expertise and support PHSD provides to local public health agencies, many areas of the state would be unable to support the local services and resources necessary to protect the health of their residents and provide the highest quality of services.

Since 1901, when Montana's first state board of health was established, public health has been working to protect and improve the health of Montanans. Through the implementation of public health initiatives over this past century, life expectancy has increased approximately 30 years, and there have been significant reductions in deaths rates due to disease and injury. Without the work of public health, we would have to worry about unsafe food and water, unsanitary living conditions, the spread of communicable disease, and needless death and injury. While much progress has been made over the past century to protect and improve the health of Montanans continued efforts are needed.

1d. Major Bureau/Office Functions and Highlights:

Communicable Disease Control Bureau: This Bureau includes sections focusing on Immunization, Sexually Transmitted Diseases and HIV, Food and Consumer Safety, Communicable Disease Epidemiology and Public Health Emergency Preparedness. Each section works closely with local and tribal public health agencies and partners to respond to communicable disease reports/outbreaks and significant public health events as well ensuring safe operation of public establishments. In 2015, state and local public health agencies identified and responded to approximately 6,500 reportable diseases, including 60 outbreaks sickening at least 600 people. Examples of recent significant events included foodborne outbreaks related to nationally distributed food products such as salmonella in imported cucumbers and an *E. coli* outbreak related to a Costco product, sickening at least 16 Montanans, 6 of whom were hospitalized. In these outbreaks, public health investigations and laboratory testing in Montana provided vital information to the national investigations. In the Costco case, Montana was the only state to detect the causative organism in food samples. During the past two years, we also continued to respond to a significant increase in gonorrhea cases experienced in Montana and the U.S. Fortunately, the increase seen over the last three years appears to be lessening as recent reports indicate a leveling in the number of cases.

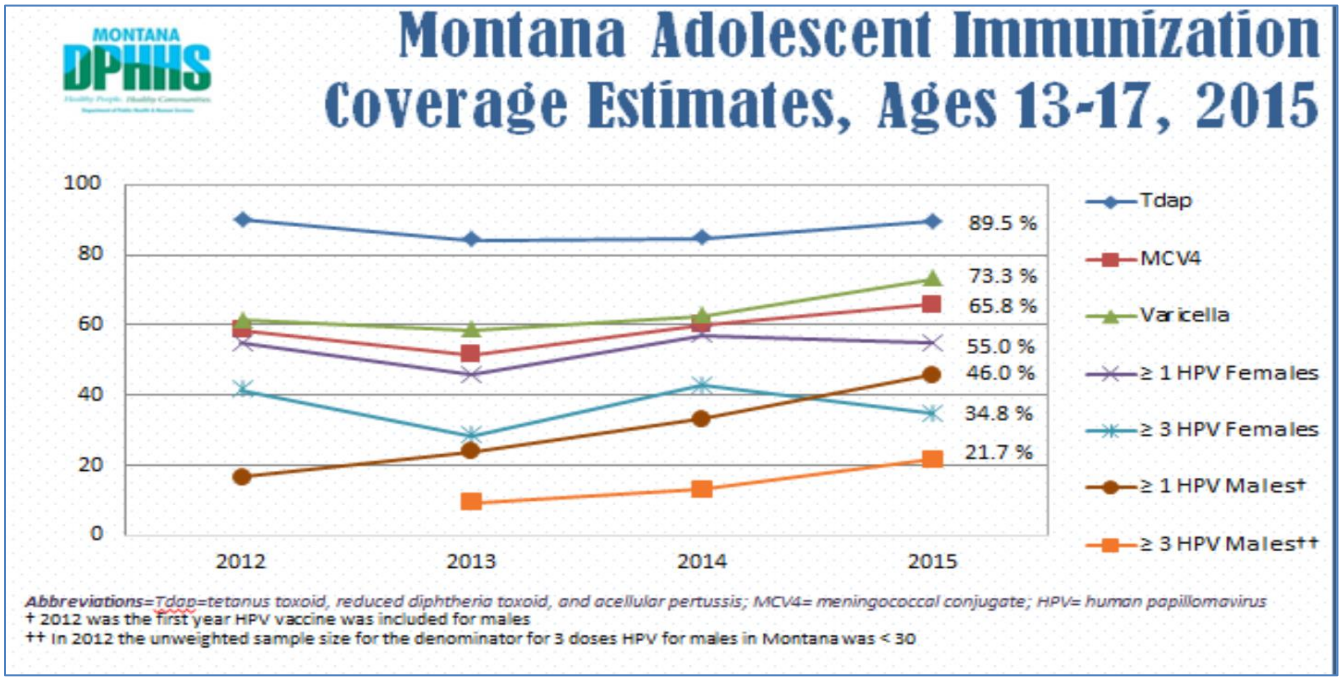
The response to emerging infections such as Ebola and Zika continue to require a significant amount of public health resource. Montana's state and local public health agencies have provided daily monitoring of 69 individuals returning from Ebola-affected countries to ensure public safety in 2015. While the Ebola outbreak has been contained, due to the international efforts in West Africa, we continue to work closely with hospitals to ensure they are prepared to handle highly infectious conditions that may arise in the state. Specifically, we are supporting a system that enables our smallest hospitals to assess a patient and coordinate transfer to a specific state hospital capable of greater support prior to transfer to an out of state facility. While not as daunting as Ebola, Zika has quickly become a global concern that has impacted Montana. As of December 12, 2016 public health departments agencies in Montana have investigated 151 suspected cases and confirmed 8 infections attributed to international travel.

The Bureau's Food and Consumer Safety Section works with local public health agencies to license over 12,000 public establishments such as restaurants, hotels, and swimming pools. The section is working closely to monitor the frequency and quality of mandated inspections and ensure requirements and rules related to regulated partners are reasonable and based on ensuring the safety of the public. In response to 2015 legislation, we recently expanded our Food Advisory Council to facilitate collaboration with private industry, gathering input and developing consensus on pending rules or future legislation.

The state's public health system, coordinating with the Communicable Disease Control Bureau, will continue to work with our local and tribal partners to communicate risks and respond to all threats to the public health, including routine and emerging public health threats.

Successful implementation of Cottage Food law: The Bureau's Food and Consumer Safety Section (FCS) has fully implemented HB 78, passed by the Montana Legislature in 2015, which establishes rules, procedures and guidance related to cottage food operations in Montana. To date, over 300 food products have been brought to market through this process. No significant issues with implementation have been identified and consumers and operators appear satisfied with the processes in place. Overall, the implementation of the cottage food program was the result of a successful collaboration between legislators, consumers, regulators and producers.

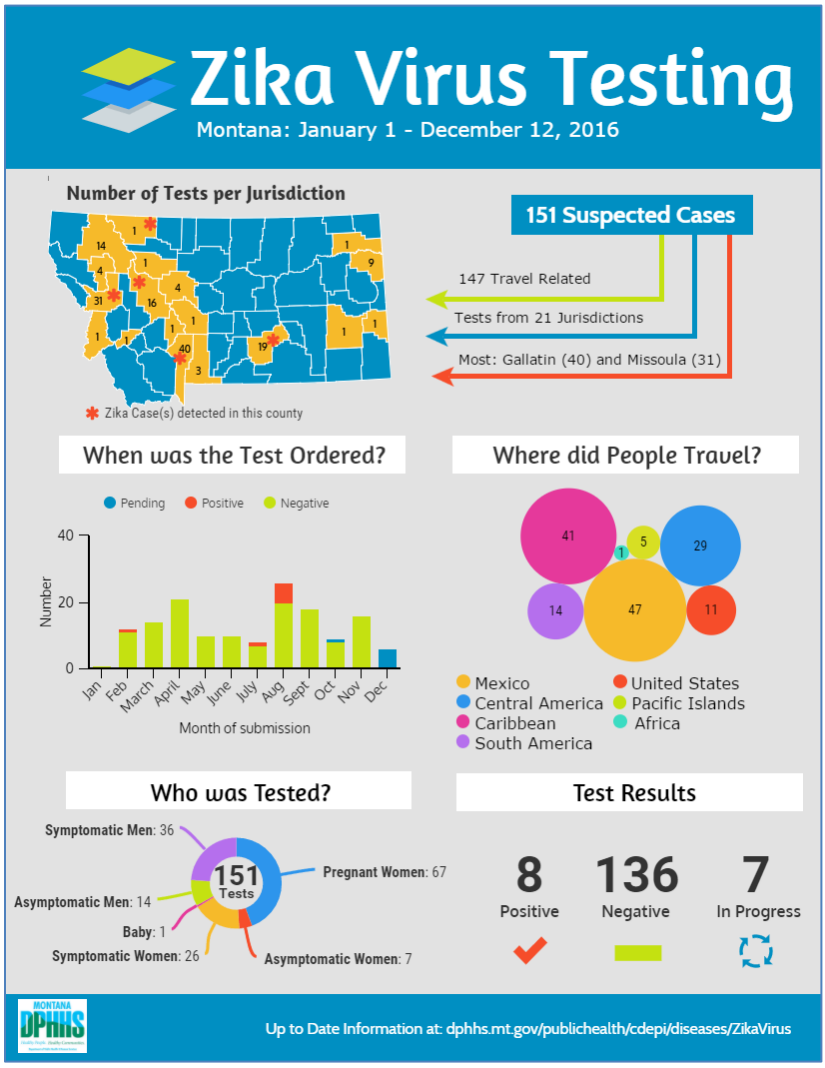
Improving immunization rates among school aged children: In response to HB 158, which updated the vaccine requirements for school aged children, the Bureau's Immunization Section (IZ) implemented rules updating school immunization requirements and adding the recommended vaccines to the attendance requirements. Schools, local and tribal public health agencies, and health system partners responded admirably to document and vaccinate school children who had not received the chicken-pox and pertussis boosters, which are already required in virtually every other state. As a result, Montana's teen vaccination coverage rates increased significantly for the required vaccines. An added benefit was seen in the coverage rates for several other recommended, but not required, vaccines monitored by the National Immunization Survey (NIS). As indicated in the figure below, immunization rates increased for most vaccines, remained steady for one, and one declined (Human Papilloma Virus). We anticipate that rates, particularly for chicken-pox and the pertussis booster will continue to increase as we continue our work to improve vaccination coverage.



Response to Emerging Public Health Concerns- Ebola and Zika: As a result of the frequency of international travel, Montana is not isolated from international public health threats. Recent examples of threats impacting Montana's public health and health systems included the eruption of Ebola in West Africa and the emergence of Zika virus in the Americas.

With respect to Ebola, Montana was charged with developing a detailed response plan by a Governor's task force led by Major General Matthew Quinn from the Department of Military Affairs. Working with several state agency partners, DPHHS took the lead on developing a response plan while working with local public health agencies to monitor returning travelers and educating partners regarding response issues. Despite detailed monitoring of 69 individuals who returned to the state with a potential exposure, we did not need to initiate isolation or testing phases of our response plan. A significant investment at the state and local level was necessary to ensure appropriate monitoring of travelers and local officials responded admirably. While the crisis in West Africa has passed for now, our work to ensure the state's hospitals are prepared continues as we implement training and containment procedures enabling us to better deal with Ebola and other emerging infectious diseases that we may face in the future. Several of the Bureau's sections - Communicable Disease Epidemiology and Emergency Preparedness took the lead role on Ebola response activities. The PHSD laboratory and the Emergency Medical Services program also participated in these efforts.

As of September 2016, over 150 Montanan's have been evaluated for infection with Zika and 8 travel related cases have been identified. While we are fortunate in Montana to not have the mosquito (Ae. *aegypti* and Ae. *albopictus*) capable of transmitting Zika, returning travelers and the impact of sexual transmission and the severity of the virus means we still have to be prepared. Education of the general public, particularly travelers and pregnant women, and health care providers is essential to ensure that we are doing all we can to minimize the impact of Zika. In addition to messaging, our laboratory is supporting state of the art testing for Zika. This ensures prompt answers for patients, providers and public health authorities so that we may respond appropriately. The figure below provides an overview of Zika testing performed in Montana.



Laboratory Services Bureau (LSB): Montana's clinical public health and environmental laboratories are located in the PHSD and provide testing to support disease prevention and control efforts statewide. In 2015 the state laboratories conducted over 141,000 test to support of disease control programs (e.g., tuberculosis and HIV), for detection of new or emerging disease threats (e.g., Ebola and Zika Virus), and environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals). In addition, newborn screening tests for 29 metabolic and genetic diseases are performed for essentially every baby born in Montana (over 12,000 per year).

Test results are used by clinicians to aid in diagnosing and treating patients and by our state communicable disease epidemiology program, as well as local and tribal public health officials to enhance responses to disease outbreaks or water contamination, and to monitor disease trends. A recent potential lead contamination of the public water supply in a small Montana community is a good example of how the state Public Health and Environmental Laboratories provided coordinated and timely services to address a public health risk.

- A special courier route was initiated by the Laboratory Services Bureau (LSB) in order to expedite delivery of water samples and human specimens to the LSB laboratories for lead testing.

- Over 60 blood specimens and 230 water samples were tested for the presence of lead. None of the clinical specimen's revealed elevated blood lead levels but there were some water samples that had lead levels above acceptable limits.
- All test results were available within 48 hours of sample receipt in order to ensure that appropriate public health actions could be implemented in a timely manner.

Laboratories, clinicians, local and tribal public health agencies throughout the state look to the LSB to provide specialized testing to support various types of disease outbreaks. In 2015, the LSB laboratories provided clinical testing in support of 60 disease outbreaks throughout the state. Approximately 17 of these represented multistate outbreaks that also included citizens of Montana. These outbreaks included various types of respiratory, gastro-enteric and foodborne related illnesses. One particular example highlights the public health benefit of close working relationships between the clinical public health laboratory, communicable disease epidemiology, and food and consumer safety section within the PHSD.

- A multistate *Salmonella* outbreak had been identified which included ill people from Montana.
- The source of the outbreak was associated with cucumber consumption.
- During the outbreak investigation, the laboratory tested cucumbers collected from various retail stores in Montana, isolated the pathogenic organism, and performed DNA fingerprinting.
- The laboratory data demonstrated a match between the organism causing human illnesses in Montana and the *Salmonella* identified from the tested cucumbers.
- This laboratory data provided the evidence needed to develop precise public health interventions to prevent further spread of disease.

Timely, accurate and sensitive testing is also important to guide our response to new hazards that may threaten the public health. The LSB laboratories continue to work closely with the CDC and other healthcare partners in order to be prepared to address threats that may arise due to existing, or emerging infectious diseases. An example is the global spread of Zika Virus which has led to the current epidemic that includes both travel and non-travel related infections within the US.

- In 2016, the state Public Health Laboratory validated molecular and serological assays for the detection of Zika Virus in human specimens.
- As a result, timely laboratory testing is available to Montana citizens who have potentially been exposed to Zika Virus. Prior to in-house testing, these samples were being referred to CDC with a turnaround time of up to 2 months.

As of December 2016, over 150 tests for Zika virus have been performed in the Montana Public Health Laboratory with turnaround times being reduced to a week or less. Eight positives cases have been identified to date.

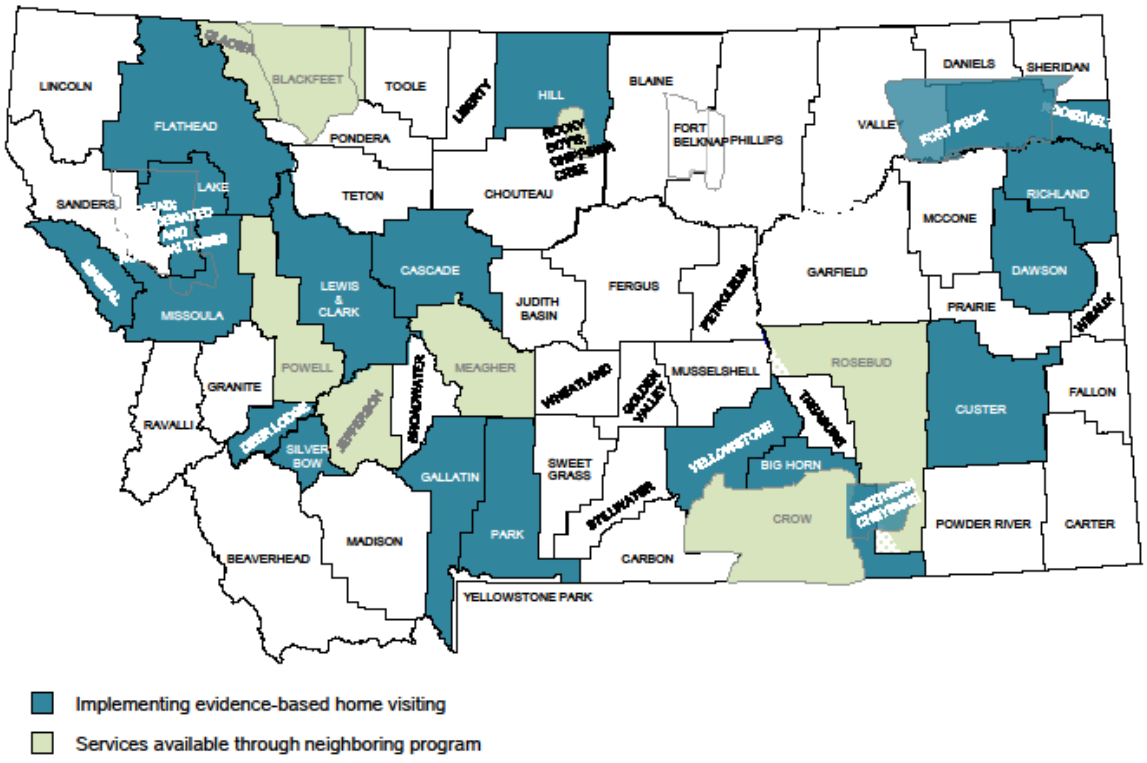
In response to the healthcare challenges that have been presented by emerging infectious diseases such as Ebola, Chickungunya and Zika, the Centers for Disease Control and Prevention has determined that it is important to strengthen biosafety awareness and practices within the nation's healthcare system, including clinical laboratories. One of the mechanisms of accomplishing this goal is to fund state and territorial public health laboratories to strengthen their own biosafety infrastructure and for those laboratories to work with other laboratories within their regions to help strengthen biosafety practices within their environments. Today, most state and territorial laboratories, including Montana, have designated biosafety officers that have undergone advanced training and are engaged in outreach

programs within their regions. The Montana Public Health laboratory has recently conducted two biosafety workshops for clinical laboratorians and our biosafety team is available to assist our healthcare partners with additional resources to address their biosafety needs.

Family and Community Health (FCH) Bureau: The Family and Community Health Bureau provides a variety of programs targeted at improving the lives of women, children, adolescents, and families. Nearly all infants in Montana are afforded a healthy start in life through 12,000 universal newborn screenings for genetic and metabolic conditions, hearing impairment, and critical congenital heart disease. Over 10,000 children enrolled in WIC have access to nutritious food packages, while at the same time the families of these children received nutrition education and referrals to community resources. Over 400 children with Cystic Fibrosis, metabolic conditions, or cranio-facial conditions attended a specialty clinic in state fiscal year 2016, instead of traveling out of state for specialty pediatric care. Families with children with special health care needs have access to online health care resources, four parent mentoring programs, and financial assistance. Six local agencies implemented education programs designed to prevent teen pregnancy and sexually transmitted infections and to help Montana teens go on to lead healthy, productive lives to a total of 2,067 middle school and high school aged youth. Reproductive health and clinical preventive services were provided to 19,723 men and women across Montana. Parenting resources are available in 19 Montana communities through four evidence-based home visiting curriculums. Seventy-five home visitors served 1,319 children, pregnant women, caregivers and families in SFY16. Home visitors have provided over 25,000 visits to families and caregivers since the program began in 2011.

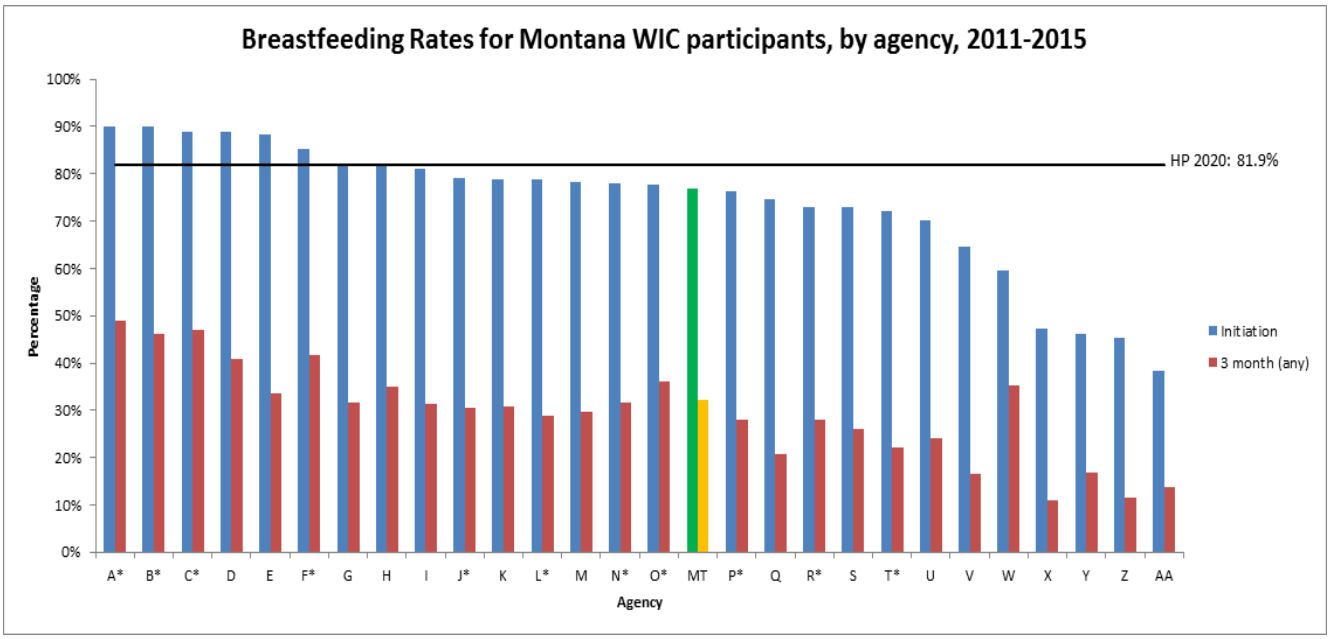
Supporting low-income families through home visiting: The Healthy Montana Families program provides voluntary, family-centered services in the home to pregnant women and families with new infants and children under the age of 6. The program has grown from one site in 2011 to 19 sites, serving 26 communities in 2016 (Figure). The services provided support healthy pregnancy outcomes, child health and development, and strong parent-child relationships. The information and support provided by professional home visitors builds on parent and family strengths. Home visitors partner with parents and/or parents-to-be to meet the needs and goals of the family, connect the family to community resources, and promote the physical and emotional health of the child and family. Four evidence-based models have been implemented in Montana have shown to have positive outcomes for families. Since 2011, the Healthy Montana Families program has served 3,300 families and children under the age of 6 through over 25,000 completed home visits. Seventy-seven percent of clients in the program has received needed referrals, 87% of children have received age-appropriate developmental screening, 48% of clients have reduced the number of emergency department visits due to illness or injury while in the program, and 96% of clients have maintained or attained health insurance coverage while in the program.

Healthy Montana Families Sites, 2016

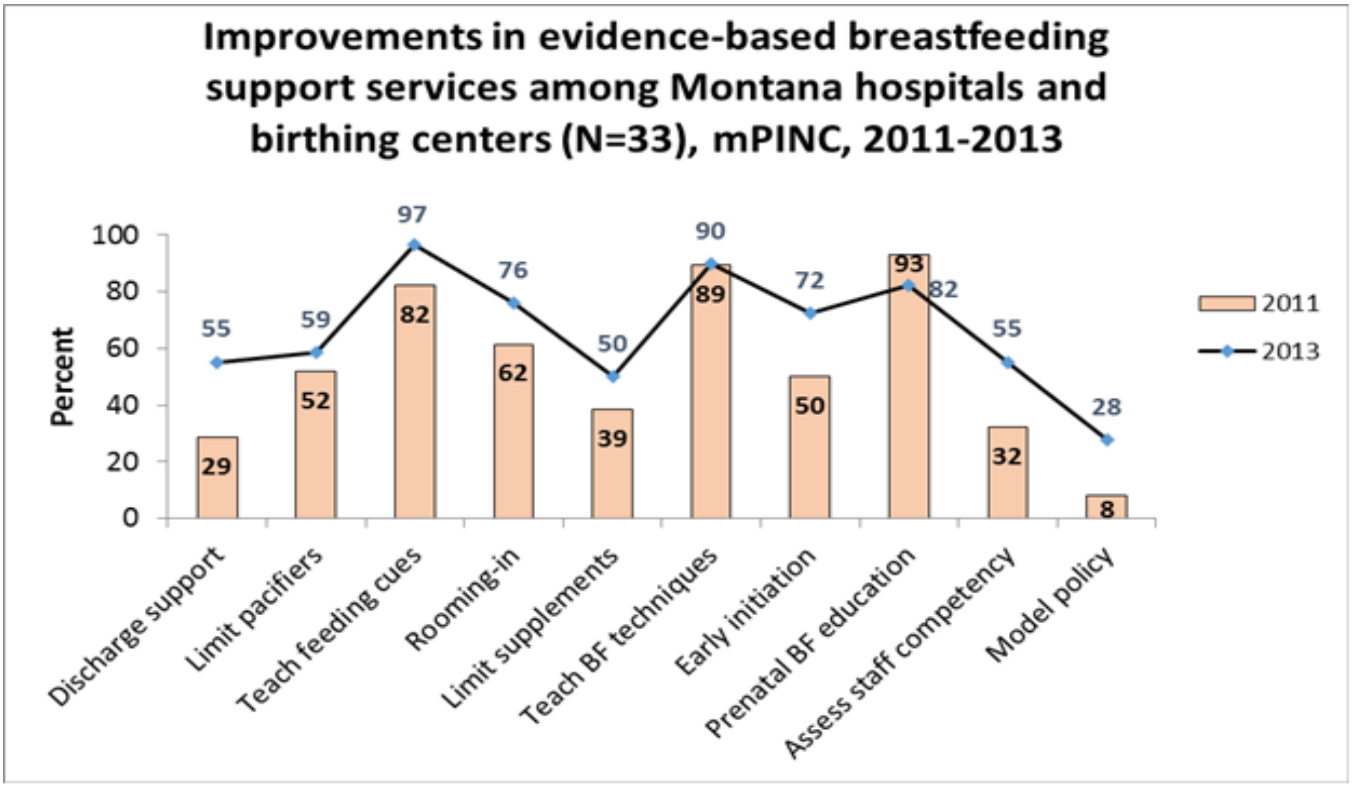


Collaborative efforts to improve breast feeding: Breastfeeding is widely recognized as the preferred feeding method for healthy infants. Breastfeeding supports an infant's immune system, reduces risk of certain infections, promotes bonding and attachment, and is associated with reductions in the development of chronic conditions later in life. Montana Women's Infants and Children (WIC) program is providing enhanced support to mothers enrolled in WIC to increase breast feeding rates. The figure below provides the current breast feeding rates among WIC mothers by agency. The rate of breastfeeding initiation and breast feeding at three months postpartum among WIC participants increased from 75.5% and 29.5% in 2011 to 78.2% and 32.2% in 2015, respectively. Eight WIC agencies have achieved the Healthy People 2020 goal of 82% of mother with a live birth breast feeding at initiation. This includes Gallatin, Ravalli, Missoula, Fergus, Sanders, Flathead, Lake, and Teton

Counties.



Beginning in 2012, the NAPA Program implemented the Baby Friendly Hospital Initiative, to support improvements within delivery hospitals to increase breast feeding. Between 2014 and 2016 the number of hospitals designated as baby friendly increased from 2 to 6 (Browning Indian Health Service Hospital, St. Peters Hospital, Community Medical Center in Anaconda, Glendive Medical Center, Central Montana Medical Center in Lewistown and Marcus Daly in Hamilton). Eight additional hospitals are currently engaged in the designation process (Barrett Hospital in Dillon, Livingston Medical Center, Community Medical Center in Missoula, Northern Montana Hospital in Havre, Bozeman Deaconess, The Birth Center in Missoula, North Valley Hospital in Whitefish and St. Vincent's in Billings). Over 50% of Montana babies are now born in a Baby Friendly designated or engaged hospital. There have been significant improvements Montana hospital and birthing center breast feeding performance measures as a result of these efforts (Figure below).



Since 2012, the Montana WIC Program and the NAPA Program have co-sponsored the Breastfeeding Learning Collaborative. The collaborative included WIC agencies, delivery hospitals and other partners and focuses on hospital/community collaboration to improve breastfeeding support. Since 2015 WIC has been utilizing infrastructure grant funding through USDA to promote and support breastfeeding in Montana. Some of these funds have been used to sponsor the Breastfeeding Learning Collaborative, and the remaining funds have been used to support training for local WIC Staff. The training has included Certified Lactation Counselor (CLC) credentials, Certified Lactation Specialist (CLS) and Loving Support breastfeeding training. NAPA is also providing scholarships for health care professionals to attend the 40 hour training and certification to become certified as a CLC. Having advanced training in breastfeeding support, such as with CLC, allows staff in WIC clinics and in the community to provide up to date information and evidence-based strategies to improve breastfeeding initiation and improved duration rates across Montana. The number of CLC's in Montana has increased from 192 in 2012 to 478 in 2016, and Montana ranks second in the nation with 28.4 CLC's per 1,000 live births.

Supporting parents with children with special health care needs: The Children's Special Health Services (CSHS) program collaborates with health systems across the state to provide services to families and children with special health care needs. Annually this program serves over 500 children and youth. Beginning in 2013, the CSHS program collaborated with the HALI Project and clinical sites to provide the Parent Partners program. The goal of the Parent Partners program is to help primary care practices identify family partners who can assist other families as they navigate the "non-medical" pieces of the medical home model. The CSHS program currently offers four Parent Partner locations in Montana – Missoula, Billings, Butte and Great Falls. Over 260 families (752 total encounters with peer parents) who have children with special health care needs have been served since the program's inception in 2015. The majority of these children have diagnoses of autism, intellectual disabilities, speech and language impairments, or other specific learning disabilities. The initial evaluation of these

services indicates that: 71% of parents are able to gather needed resources to care for their child; 70% of parents are able to access necessary services to manage their child's condition effectively; and 81% of parents reported that they did not have to take their child to the emergency department for care. Based on the initial success of this program the CSHS program is looking to expand these services to additional communities.

Chronic Disease Prevention and Health Promotion Bureau: This Bureau focuses on protecting and improving the health of Montanans by promoting healthy lifestyles through regular physical activity, healthy nutrition, being free of commercial tobacco/nicotine, by promoting the utilization of clinical preventive services (e.g., cancer screening), and through community programs that support chronic disease prevention and self-management. The Bureau also includes the Emergency Medical Services (EMS), Trauma, and Injury Prevention programs. The EMS program licenses EMS services across the state and provides coordination and training to ensure Montana has high quality EMS services statewide. The Trauma program oversees trauma hospital designation, and collaborates with facilities statewide to improve trauma care. The Injury Prevention program works with State and community partners to address leading causes on injury related morbidity and mortality such as fall prevention and prescription drug abuse and poisoning.

Tobacco cessation support for American Indian communities: Since May of 2004, the Montana Tobacco Use Prevention program (MTUPP) has provided cessation counseling and free/lower costs medications to over 88,000 Montanans through the quit line (866-QUIT NOW). MTUPP in collaboration with the Tribal Health Department staff developed the first American Indian specific commercial tobacco quit line, which was implemented in August 2015. The benefits include dedicated American Indian quit counselors and customized coaching services for American Indian callers with a culturally appropriate intake and cessation messages.

Increasing access to the diabetes prevention program services in rural communities through telehealth: The Montana Diabetes Program in collaboration with 20 community partners are implementing the diabetes prevention program (DPP), a 12 month group lifestyle change program for Montanans at high-risk for Type 2 diabetes. The goal of this work is to reduce the number of Montanans that develop type 2 diabetes. Since the inception of the DPP in 2008 over 7,500 Montanans have participated in the program and participants are achieving weight loss outcomes similar to the National Institutes of Health's original program. Many small frontier communities in Montana do not have the capacity to implement these services locally. Since 2008, Holy Rosary Healthcare in Miles City has provided the DPP to participants onsite in Miles City and through telehealth video conferencing to participants in Ashland, Baker, Broadus, Colstrip, Ekalaka, Forsyth, and Wibaux. Between 2008 and 2015, 894 participants were enrolled in the program (29% at telehealth sites). Participant attendance has been high in both the onsite and the telehealth locations. Weight loss outcomes were also high among participants in the onsite and telehealth groups. There were no significant differences in the percentage of telehealth or onsite participants who achieved $\geq$5% weight loss (56% vs. 57%) or achieved the 7% weight loss goal (38% vs. 41%). Based on the success of the delivery of the lifestyle intervention through telehealth at Holy Rosary Healthcare, in 2016 the Montana Diabetes Program has collaborated with the Billings Clinic and Kalispell Regional Medical Center to provide the DPP through telehealth to Glasgow, Glendive, Livingston, Plentywood, Terry, Plains, and Roundup, allowing access to these services in additional rural communities.

Continued work to increase colorectal screening: Colorectal cancer (CRC) is the third most commonly diagnosed cancer among men and women in Montana, with 490 new cases each year. CRC is the third

leading cause of cancer death in Montana with approximately 170 Montanans dying of the disease each year. In 2012, Montana ranked forty-seventh in colorectal cancer screening rates, the third lowest in the nation, with only 56% of adults aged 50 years and older up to date with screening. Four out of 5 Montanans who have not been screened for colorectal cancer have health insurance.

The Montana Cancer Control Program (MCCP) is collaborative on a number of activities to increase screening and reduce the burden of CRC. The MCCP is participating in the National Colorectal Cancer Roundtable and American Cancer Society's 80% by 2018 initiative to increase CRC screening rates statewide. Partners in this initiative include the American Cancer Society, insurance organizations, Mountain Pacific Quality Health Foundation, Medicaid, Medicare, and the Commission on Cancer-accredited hospitals. In November 2016, the Montana Cancer Control Program and partners will host the third annual Montana Colorectal Cancer Roundtable, a group of organizations and individuals dedicated to reducing the incidence of and mortality from colorectal cancer in Montana through coordinated leadership, strategic planning, and advocacy. The ultimate goal of the Roundtable is to increase the use of evidence-based colorectal cancer screening tests among the entire population for whom screening is appropriate. The Roundtable is working with clinicians to increase provider recommendations for CRC testing among patients, working with insurers on payment and coding of diagnostic colonoscopies vs. a preventive screening, and engaging hospital systems and FQHC's on improved office practices to increase CRC screenings such as patient reminders and electronic medical record input and tracking.

Since 2015, the Montana Cancer Control Programs (MCCP) have formalized partnerships with Providence Health Systems and the Montana Primary Care Association. Staff of the MCCP work collaboratively with the two health systems to assess clinic colorectal cancer screening rates and implement evidence-based interventions to increase screening rates and improve diagnostic and client follow-up processes. The MCCP is currently providing support for 4 FQHC's and 8 Providence clinics.

In 2014, of Montanans aged 50 years and older who have not been screened for colorectal cancer 64% reported that they did not think they needed to be screened or that their doctor did not recommend it (44% and 19%, respectively). To address this lack of awareness, the MCCP implemented a statewide public education campaign in 2014 to promote screening among Montanans and to discuss screening with their primary care provider. Based on the most recent data available from the Montana Behavioral Risk Factor Surveillance System colorectal cancer screening rates among Montana adults aged 50 years and older have increased from 56% in 2012 to 63% in 2014.

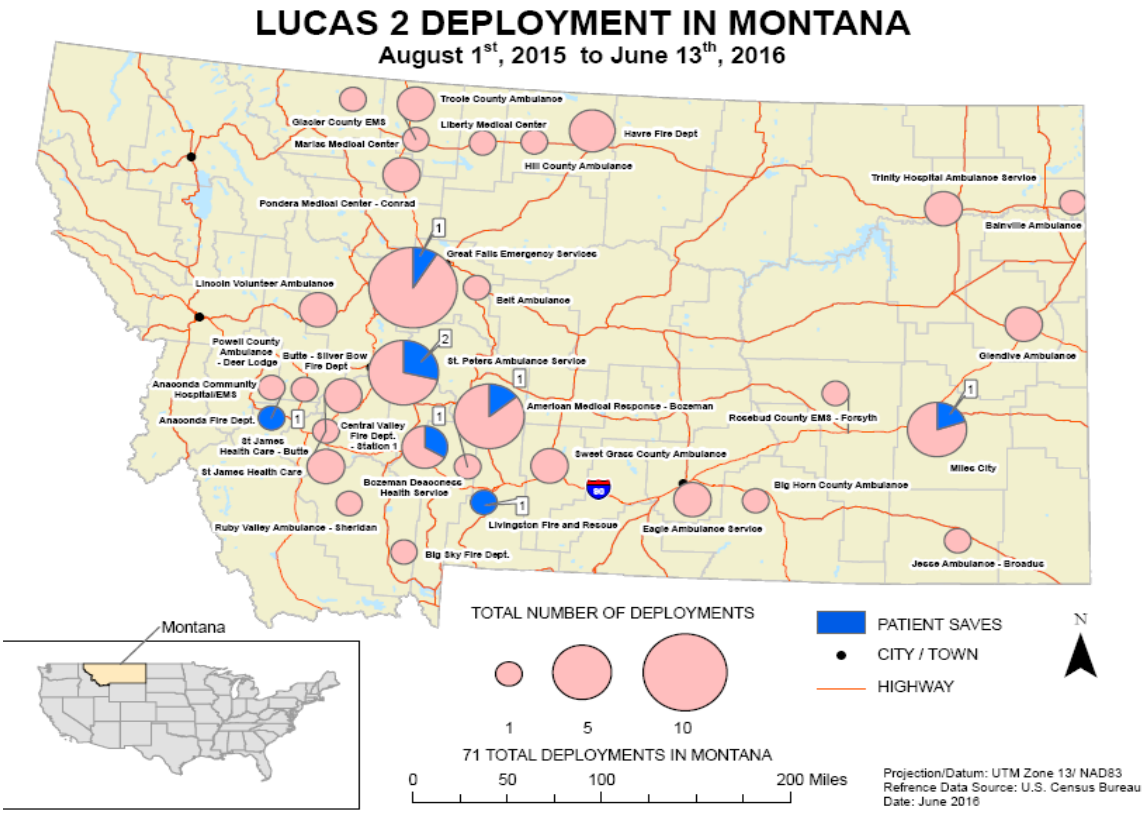
Ensuring Montana has cardiac ready communities: Through a generous grant from the Leona M. and Harry B. Helmsley Charitable Trust, the PHSD EMS Section and the American Heart Association (Mission Lifeline program) received funding to develop cardiac ready communities in Montana. The goal is to increase the cardiac readiness of communities by helping them develop the cardiac chain of survival through citizen cardiopulmonary resuscitation (CPR), community automated external defibrillators (AED), 12 lead ECG placement, dispatcher aided CPR, and high performance CPR programs for EMS and hospitals.

Funding through the grants included the purchase of 12-lead ECG and Lucas 2 mechanical compression devices. The 12-lead ECG units enable ambulances to send information from the scene to the hospital and the Lucas 2 devices provide automatic chest compressions to a patient in cardiac arrest. Transmission of ECGs from the ambulance enables the hospital to determine if the patient is having a STEMI-type heart attack and saves precious time needed to get the patient to a cardiac

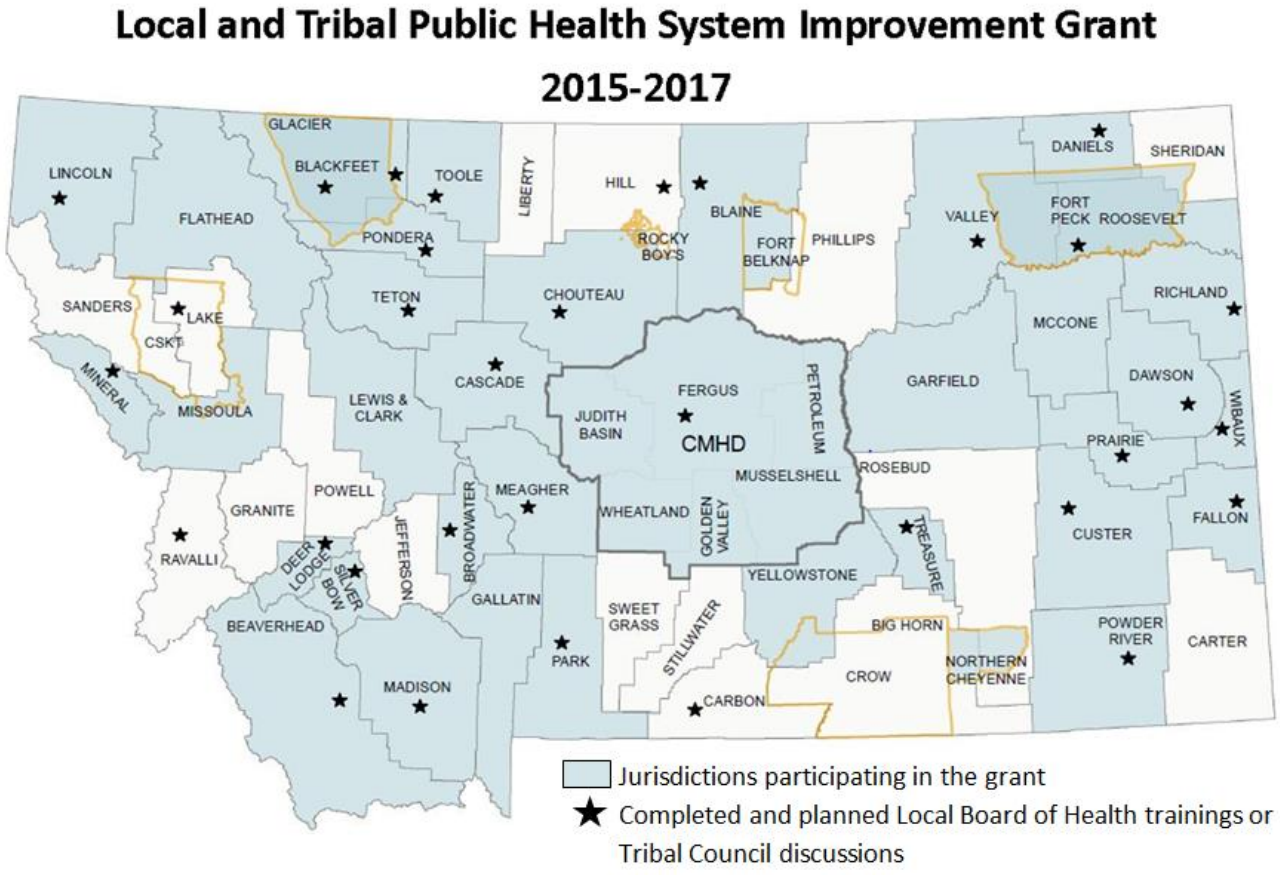
catheterization laboratory as quickly as possible. Time is a crucial factor – the quicker the patient gets to the laboratory the better the outcome. Over the last 2 years, the Mission Lifeline program has provided EMS and hospital personnel education on using the transmittable 12-lead units and developed standardized emergency protocols to help improve the outcomes of patients suffering a heart attacks.

Since 2015, EMS agencies and hospital emergency department staff have received extensive training in high performance CPR, the science of cardiac resuscitation and appropriate use of the Lucas 2 Chest Compression System from the DPHHS EMS Section. Providers from 48 hospitals and 134 EMS agencies have attended the training and 195 Lucas 2 devices have been distributed (Figure below). To date, there have been 142 cardiac arrests reported (August 2015-September 2016) from services with Lucas 2 devices and during 76 (53%) of these events the devices were utilized. Among the 76 persons where the Lucas 2 device was deployed there were 12 survivors (16%), meaning individuals walked out of the hospital alive and fully functioning after having been resuscitated. Nationally, the out-of-hospital survival rate for a person experiencing sudden cardiac arrest is approximately 8-10%. In addition to training healthcare professionals, over 20,000 Montanans have been trained in compression only CPR since this past January 2016.

High performance CPR and the Lucas 2 device create the best possible conditions for an individual to survive a cardiac arrest. When combined with bystander CPR and early use of a public access AED, individuals who experience a sudden cardiac arrest have up to a 10 times greater chance of surviving than the national average. Communities who have received a Lucas 2 device have also pledged to work toward increasing bystander CPR response and increasing access to AEDs in an effort to improve cardiac arrest survival.



Office of Public Health System Improvement: The Office of Public Health System Improvement exists to support the PHSD, as well as local and tribal public health departments, with training and developing the public health workforce and to assist with creating plans and processes to ensure efficient and effective public health system management. As a measure of excellence, the Public Health Accreditation Board has established a national voluntary accreditation program for state, local, and tribal public health agencies and the Office actively promotes and supports health departments with meeting accreditation standards and measures. Currently there are five nationally accredited health departments in Montana (Missoula City-County Health Department, RiverStone Health in Yellowstone County, Gallatin City-County Health Department, Flathead City-County Health Department, and the DPHHS PHSD) and three other health departments are in the late stages of the accreditation process (Cascade-City County Health Department, Lewis and Clark City-County Health Department, and Richland County Health Department). Flathead City/County Health Department and the PHSD just recently achieved national accreditation in November 2016. Within the Division, the Public Health System Improvement Office is working with programs to develop and implement performance and quality improvement activities, to increase the use of evidence-based interventions. These activities include training and technical assistance in program planning, measurement, evaluation, performance management and quality improvement. The Office's support of local and tribal health departments over the past two years have resulted in improved collaboration between health departments and local hospitals and the creation of 29 community health assessments 14 community health improvement plans, 13 strategic plans, and 4 workforce development plans. This work has been supported through a generous grant from the Montana Health Care Foundation. The PHSD has also been conducting onsite trainings for local and tribal health departments and the Local Boards of Health. These site visits include a review of the core functions of public health, the role and responsibilities of Local Boards of Health, and provide an exercise and discussion regarding a public health issue (e.g., disaster, disease outbreak). Since 2015, 34 local trainings and site visits have been completed.



Office of Epidemiology and Scientific Support (OESS): The OESS assesses the health of Montanans by maintaining and utilizing a variety of key data sources including birth and death records, hospital discharge and emergency department utilization data, and the Behavioral Risk Factor Surveillance System survey. OESS maintains and updates the state health assessment and provides technical support to PHSD programs, local and tribal health departments, and other organizations to develop local community health assessments.

Assessing the health of pregnant mother and infants: Beginning in 2015, the OESS in collaboration with the Family and Community Health Bureau conducted the Health Survey of Montana's Mothers and Babies, which was based on the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS). The Mother Baby Health survey was supported through one-time funding from the Montana Health Care Foundation. The survey was a voluntary assessment of a representative sample of Montana mothers who had a recent live birth and it focused on the health status and risk factors among mothers and infants. The information from the Mother Baby Health survey will better enable PHSD and our partners to focus resources and activities to improve maternal and infant health. In 2016, OESS and the FCH collaborated to submit a competitive application to the CDC for ongoing funding for the PRAMS. Montana was one of 10 states awarded these funds. PHSD was successful in our request for CDC funding due to the successful implementation of the Mother Baby Health survey and through the initial funding support from the Montana Health Care Foundation.

Financial Operations and Support Services Bureau (FOSSB): The FOSSB provides financial and contract management for the PHSD and also oversees the Office of Vital Records. FOSB manages a budget of over $64 million dollars including general fund, state special revenue, federal funds, and funding from private foundations (e.g., Helmsley Foundation). On average, PHSD processes roughly 500 contracts per year.

The Office of Vital Records (OVR) maintains vital event registration and reporting for all Montana counties. OVR collects information on individuals regarding birth, death, fetal death, adoption, marriage, marital termination, paternity and provides access to birth and death records for individuals to obtain certified certificates state wide. OVR also develops and maintains statistical information and provides data and reports for use by State, Federal, and County agencies and to a variety of other data users.

1f. Current Budget/Expenditures:

FUNDING AND FTE INFORMATION

	2017 Legislative Budget	FY 2018 Request	FY 2019 Request
Public Health and Safety Division			
FTE	186.01	186.01	186.01
Personal Services	13,637,220	14,053,601	14,099,491
Operating	11,334,954	10,617,607	10,634,311
Equipment	216,741	216,741	216,741
Grants	24,225,172	24,125,592	24,125,592
Benefits & Claims	15,602,043	15,854,728	15,854,728
Transfer	475,100	475,100	475,100
Total Request	**65,491,230**	**65,343,369**	**65,405,963**
General Fund	3,917,018	3,923,215	3,928,394
State Special Fund	18,274,680	16,971,874	16,988,440
Federal Fund	43,299,532	44,448,280	44,489,129
Total Request	**65,491,230**	**65,343,369**	**65,405,963**

2. PHSD: Where do we want to be in two years?

2a. 2019 Biennium Goals and Objectives:

Department of Public Health and Human Services **Public Health & Safety Division**
Goals and Objectives for the 2017 Biennium

Goal: Improve the health of Montanans to the highest possible level	
Objective(s) (by Division)	**Measures**
2(a.) Improved prevention and control of communicable disease	Proportion of children (19-35 months) and adolescents (13-17) fully immunized. Rate of gonorrhea and syphilis infection. Proportion of communicable disease reports documenting implementation of control measures within 3 days of report. Proportion of licensed public establishments receiving an annual inspection.
2(b.) Improved prevention and control of chronic disease	Proportion of high school students using tobacco/nicotine products in the past 30 days. Proportion of persons aged 50 years and older who have had a colorectal screening. Proportion of women smoking during pregnancy. Proportion of women breast feeding at discharge and three months postpartum.
2(c.) Provide timely laboratory testing and results	Proportion of counties that utilize public health and/or environmental laboratory services annually.
2(d.) Improve the health of women, children and families through efficient delivery of our programs and services.	Rate of birth for teenagers aged 15 through 19 years. Proportion of pre-term births. Proportion of pregnant women who report entering prenatal care in the first trimester.
2(e.) Prepare the public health system to respond to public health events and emergencies	Number of local public health jurisdictions conducting Hazard Vulnerability Assessments and sharing results to facilitate state-level planning.
2(f.) Assess and monitor the health status of Montanans	Proportion of State, County and Tribal health Departments that have completed community health assessment in the past five years.

3.PHSD: How are we going to get there?

3a. Present Law Adjustments:

PL - 07004 Ryan White Emergency Relief Fund - This present law adjustment is made to maintain existing services for the Ryan White HIV/AIDS Treatment Program in the Public Health and Safety Division. The request increases the base budget by $799,650 each year of the biennium. The increase is necessary to accept and spend additional funding for the provision of case management, medications and support of insurance premiums.

	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 0**	**$ 799,650**	**$ 799,650**

FY 2017	**$ 0**	**$ 0**	**$ 799,650**	**$ 799,650**
Biennium Total	**$ 0**	**$ 0**	**$ 1,599,300**	**$ 1,599,300**

3b. New Proposals:

NP - 7003 Pregnancy Risk Assessment Monitoring System (PRAMS) -This new proposal adds $175,000 of federal spending authority to the Family and Community Health Bureau in the Public Health and Safety Division for the Pregnancy Risk Assessment Monitoring System (PRAMS). The grant will be used to develop public health programs aimed at improving the health of pregnant women and infants.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 0**	**$ 175,000**	**$ 175,000**
FY 2017	**$ 0**	**$ 0**	**$ 175,000**	**$ 175,000**
Biennium Total	**$ 0**	**$ 0**	**$ 350,000**	**$ 350,000**

NP - Adjustment in Tobacco Settlement Funds- This new proposal requests the reduction of $1,536,895 in state special revenue (Statewide Tobacco Settlement funds) each year of the biennium in the Chronic Disease Bureau of the Public Health and Safety Division due to a reduction in revenue from the Tobacco Master Settlement.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ (1,536,895)**	**$ 0**	**$ (1,536,895)**
FY 2017	**$ 0**	**$ (1,536,895)**	**$ 0**	**$ (1,536,895)**
Biennium Total	**$ 0**	**$ (3,073,790)**	**$ 0**	**$ (3,073,790)**

3c. Proposed Legislation:

None.